## **Application Data Sheet**

## **Application Information**

Application number::

Filing Date:: 08/05/03

Application Type:: Continuation

Subject Matter:: Utility

Title:: INTERNALLY POWERED CSF PUMP

SYSTEMS AND METHODS

Attorney Docket Number:: 018050-000140US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 5A

Total Drawing Sheets:: 19

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: EDWARD

Family Name:: RUBENSTEIN

City of Residence:: Hillsborough

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 5 Waverly Place

City of Mailing Address:: Hillsborough

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: DAVID

Middle Name:: L.

Family Name:: KARSHMER
City of Residence:: Menlo Park

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 725 San Mateo Drive

City of Mailing Address:: Menlo Park

State or Province of mailing address:: CA
Country of mailing address:: US

Postal or Zip Code of mailing address:: 94025

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: ELLIOTT

Middle Name:: C.

Family Name:: LEVINTHAL

City of Residence:: Atherton

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 59 Sutherland Drive

City of Mailing Address:: Atherton

State or Province of mailing address:: CA
Country of mailing address:: US

Postal or Zip Code of mailing address:: 94027

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Applicant Authority Type::

Primary Citizenship Country:: US

Status:: Full Capacity

Inventor

Given Name:: JAIME

Middle Name:: S.

Family Name:: VARGAS

City of Residence:: Palo Alto

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 879 Clara Drive

City of Mailing Address:: Palo Alto

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94303

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: TOM

Middle Name:: A.

Family Name:: SAUL

City of Residence:: El Granada

State or Province of Residence:: CA

Country of Residence:: US

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City of Mailing Address:: El Granada

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94018

## **Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information** 

Representative Customer Number:: 20350

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application Continuation of 09/654,967 09/05/00 09/654,967 Continuation of 08/901,023 07/25/97

Pat. No. 6,264,625

08/901,023 Continuation-in-part of 08/678,191 07/11/96 Pat No. 5,980,480

**Assignee Information** 

Assignee Name:: EUNOE, INC.

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Suite 210

City of mailing address:: Redwood City

State or Province of mailing address:: CA
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